***QUEENS AVENUE SURGERY***

**ARE YOU A CARER?**

**DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, OR WHO HAS A DISABILITY?**

If the answer to the above question is **YES** and you would like to be included on the Carer’s Register held at this surgery, please fill in your details below and hand this form in to the surgery.

**CARER’S NAME: …………………………………………………………………………..**

**ADDRESS: ……………………………………………………………………………..**

**POSTCODE……………………… TEL NO:…………………………………………….**

* I care for (name & relationship):……………………………………………………
* The person I care for is a patient at this surgery: YES/NO

I am the Carer of an adult  I am a Parent/Carer of a child with special needs

**This surgery will not disclose personal information about you to any other person or organisation without your permission.**

**I would like to be registered as a Carer at my surgery: YES/NO**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Carer Support Dorset is a charity that supports carers in Dorset. They recognise that each person’s circumstances are unique to them and how important it is you receive the right support for your situation. They will not disclose personal information about you to any other person or organisation without your permission.

**Please tick if you would like details of how to register with Carer Support Dorset:**

Information on Carer Support Dorset

The Carers Lead Nichola will contact you directly with the necessary details and may offer an appointment at the surgery in one of the carers clinics.